



<b>Issue Classification</b> 	<b>Application/Control No.</b> 10576620	<b>Applicant(s)/Patent Under Reexamination</b> KOZIKOWSKI ET AL.
	<b>Examiner</b> CELIA CHANG	<b>Art Unit</b> 1625

ORIGINAL						INTERNATIONAL CLASSIFICATION									
CLASS		SUBCLASS				CLAIMED					NON-CLAIMED				
514		316				A	6	1	K	31 / 445 (2006.01.01)					
CROSS REFERENCE(S)						C	0	7	D	211 / 54 (2006.01.01)					
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)														
514	317	321	323	326	317										
514	330	331													
546	187	197	201	207	225										
546	229	236	237	238	240										
546	248														

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47															
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	-	18	14	35	-	52	-	69	-	86	-	103		
2	2	-	19	15	36	29	53	-	70	-	87	-	104		
3	3	-	20	16	37	30	54	-	71	-	88	-	105		
4	4	-	21	17	38	-	55	-	72	-	89	-	106		
-	5	-	22	18	39	31	56	-	73	--	90	-	107		
-	6	-	23	19	40	-	57	-	74	-	91	32	108		
-	7	5	24	-	41	-	58	-	75	-	92	33	109		
-	8	6	25	20	42	-	59	-	76	-	93	34	110		
-	9	7	26	21	43	-	60	-	77	-	94	35	111		
-	10	8	27	-	44	-	61	-	78	-	95	36	112		
-	11	9	28	22	45	-	62	-	79	-	96	37	113		
-	12	10	29	23	46	-	63	-	80	-	97	-	114		
-	13	-	30	24	47	-	64	-	81	-	98	38	115		
-	14	11	31	25	48	-	65	-	82	-	99	39	116		
-	15	12	32	26	49	-	66	-	83	-	100	-	117		
-	16	-	33	27	50	-	67	-	84	-	101	40	118		

NONE		Total Claims Allowed: 40	
(Assistant Examiner)	(Date)		
/CELIA CHANG/ Primary Examiner.Art Unit 1625	1/4/2012	O.G. Print Claim(s) 1	O.G. Print Figure ----
(Primary Examiner)	(Date)		

<b>Issue Classification</b> 	<b>Application/Control No.</b> 10576620	<b>Applicant(s)/Patent Under Reexamination</b> KOZIKOWSKI ET AL.
	<b>Examiner</b> CELIA CHANG	<b>Art Unit</b> 1625

<input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b>																<input type="checkbox"/> <b>CPA</b>		<input type="checkbox"/> <b>T.D.</b>		<input type="checkbox"/> <b>R.1.47</b>	
-	17	13	34	28	51	-	68	-	85	-	102										

NONE		<b>Total Claims Allowed:</b>	
(Assistant Examiner)		40	
(Date)			
/CELIA CHANG/ Primary Examiner.Art Unit 1625		O.G. Print Claim(s)	O.G. Print Figure
(Primary Examiner)		1	----
(Date)			